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ON THE PRINCIPLES OF TREATING DISEASE.

FROM A LECTURE INTRODUCTORY TO A COURSE ON SURGERY AT THE ALDERSGATE SCHOOL OF MEDICINE, LONDON.

BY MR. SKEY.

A COURSE of lectures on surgical science admits two very distinct objects of study: the first comprises the *principles* which guide us; the second, the application of those principles, known under the term of practice or treatment; and on these two subjects I beg to engage your attention for a few minutes. By principles, we understand general rules, which, although modified by circumstances, are applicable to all similar examples of disease. The principles which govern practice are based on a knowledge of the great functions of life, both physical and moral; namely, physiology; but surgery demands the knowledge of the anatomist, by which alone we can detect deviations from healthy structure, and without which we cannot advance one step towards their removal. In speaking then on the subject of the principles of surgical practice, I return to those of anatomy and physiology. The first tells us the situation, form, relation, and structure, of every part subject to disease. Physiology expounds their healthy functions, and their mutual dependence on each other: we must be conversant with both. With respect to anatomy, then, how can the man who is ignorant of the healthy appearance of the human eye, determine its diseased condition? How will he distinguish the extent to which that delicate membrane the iris deviates from health, who is ignorant of its healthy or normal appearance and character? How will he be enabled to pass a needle into the interior of the globe, for the purpose of displacing the opake crystalline lens, in cataract, if he be unacquainted with the size, form, and connection of that body? Look at the numerous forms of accidents attending joints, and say if it is possible that the man who is ignorant of their natural form, and the connection of their parts, can determine on the one hand, or attempt to remedy on the other, the accidental injury they have sustained.

There are, however, doubtless many surgical diseases, the treatment of which may be effected, without any immediate reference to the science of anatomy; but is there any that does not bear, more or less, immediately on that of pathology? Certainly none. Take the simplest form of surgical disease, an ulcer. By what means is its progress arrested? We know that in the condition of health, the arterial circulation of a part should remain steady and unexcited; its temperature cool and uniform. We find it hot, red, painful, and the vessels are unnaturally distended with blood; they relieve themselves by pouring out matter;

the skin bursts ; the unhealthy condition of the vessels remains ; the surface fails to heal, and an ulcer follows, for there is a variety of ways in which such a malady may arise. How shall we determine the treatment? We observe the character, whether inflammatory or otherwise ; we reduce the undue action of the vessels by such remedies as experience has taught us are beneficial ; and, having accomplished this, we proceed to another stage of the treatment, which consists in urging nature to heal the wound. In the attempt to avert or cure disease, the importance of this branch of physiology is inestimable ; I would say it is the groundwork of all medicine,—in its most comprehensive sense, a knowledge of the principles of life.

Nature has endowed the organized world, both animal and vegetable, with a principle which cherishes growth and which presides over every action of which its organization is susceptible. The same spirit, jealous of defect, controls disease, repairs injury, and by its continued influence tends to maintain the outward physical form, as well as to repair the inward defect of function to which the frame is liable. It has been called the vis medicatrix naturæ. In the language of the Latin poet,—

> "Spiritus intus alit, totamque infusa per artus
> Mens agitat molem et magnoso corpore miscet."

It consists in an evident and universally acknowledged effort on the part of nature, to ward off disease and to preserve life. "A spirit of health" predominating over the body, ever rejoicing in its salubrity, ever contending against injury. Need I illustrate it by examples? They are endless in variety. Why does an abscess invariably advance towards the surface, but for the purpose of discharging its contents without injury to the body? The liver would appear to possess discrimination in evacuating the contents of a similar disease through the abdominal parietes, in preference to the cavities of the abdomen and chest, to which it would have nearer access. In tubercular abscess, the large vessels of the lungs are, as it were, incrusted with lymph, lest their rupture should be fatal to life ; and this effort is especially beautiful, inasmuch as the disease itself is necessarily fatal in its termination. For here we see the contention most vividly between an irremediable disease and the unremitting effort of this "spirit of health."

In the disease of bones, how beautiful, how varied are the exertions of this protecting principle, in which a bone is destroyed by a wasting disease, arresting all chance or power of reparation,—during the process of destruction, a new pillar is in process of erection, by which the diseased fabric is fortified, and the limb restored to health and action! Observe the structure of artificial joints, or those from which the cartilage is absorbed ; here we see the respective ends of the bone or bones, carefully rounded off and polished, to simulate as much as possible the original structure. The formation and increase of large aneurismal sacs ; their temporary protection from rupture by the dense layer of coagulum by which they are lined ; their evident desire (if I may so express it) for contraction and subsequent obliteration ;—the contraction of the divided ends of large arteries ;—the formation of accidental bursæ, for the protection of the subjacent bone, whenever the skin is subjected to continual

pressure or friction; the almost dental hardness of the gum, consequent on the loss of teeth, and the approximation of the teeth on the loss of one or more;—the inflammatory and lymph-effusing condition of a wounded intestine, by which its injured surface becomes agglutinated to the parietes of the abdomen, or to another portion of intestine, thus closing the otherwise fatal aperture;—the really astonishing co-operation of this healing, this protecting influence, with the hands of surgeon, in transmitting the contents of the intestine, along a devious track, in artificial anus, from the upper to the lower opening, and the subsequent earnestness with which the margins of the bowel unite for the purpose of restoring the integrity of the canal. Observe the analogy in this respect of vegetable to animal life. Plants are provided with muscles, by which they open and shut their flowers, and turn their leaves to the sun, even if they have been repeatedly folded back from it; the turn of a hop plant is invariably directed towards the course of the sun, and it soon dies if artificially forced into an opposite line of growth; remove the obstacle, and the plant quickly returns to its former position. When the straight branches of the honeysuckle can no longer support themselves, they acquire strength by becoming spiral; when they meet with other branches of the same kind, they coalesce for mutual support, and one spiral turns to the right, the other to the left, thus increasing the probability of their finding support by the diversity of their course. If a plant be placed in a room which has no light, except from a hole in the wall, it will shoot towards the hole, pass through it into the open air, and then vegetate upwards in its natural direction. The shoots or tendrils of creeping plants are invariably directed towards the nearest object, to which they cling, and the direction of the tendrils may be repeatedly altered, by changing the position of the object attracting them. From these, and a variety of similar evidences of spontaneity, it has been inferred that vegetables have a limited degree of sensation and enjoyment, and that they have an inferior participation in the common allotments of vitality.

I might cite endless examples of Nature's anxiety to maintain health, by throwing off disease or obviating deformity. Now, where does this power reside? In what does it consist? The advance of time had made considerable encroachments on the eighteenth century, before the antiquated doctrines of the chemists and mathematicians succumbed to the more just and reasonable views of the *vitalists*. For this revolution we are greatly indebted to Stahl, who was forcibly impressed with the difference between the changes which the components of the body experience during life, and what would occur in the same substances under other circumstances; hence he concluded that when they form a part of a living system, they must be possessed of some additional principle, that counteracts the effects that would otherwise be produced. To the agent that thus opposes the physical powers of matter, and to which the body owes its vital properties, he gave the name of *anima*. He considered it to possess powers of a specific nature, and attributed to it a species of intelligence which enables it to act the part of a rational agent, and to superintend all our corporeal operations. Van Helmont applied to the same principle the term "Archeus."

But what are we to understand by these terms? The immediate

nature of this principle, or the mode of its operation, we are totally ignorant of. It is sufficient for our present object that we acknowledge its existence, observe its influence, and obey its dictates.

I say emphatically, *obey its dictates.* We talk of many diseases in a tone of arrogant defiance of the very laws which direct our every step. Take a wound, for example. The utmost limit that the surgeon can advance to, is that of bringing the margins in close contact, and keeping its surface clean, and where he fails in this end, nature is compelled to come to our assistance, and heal by new substance what with a little extra aid she would have accomplished with much more ease and readiness. What is the extent of the boast here? That of an humble and almost powerless assistant; and thus it ever must be. We must ever continue humble followers in the path of nature, and dependent on her bounty.

The first part of my duty here, then, as your instructer, is, to disabuse your minds, by directing your attention to that influence and authority which you do *not possess.* Nature is imperative; she is arbitrary; her laws are immutable; she will sustain no interference, and listen to no compromise. *This* I conceive to be the first and most paramount concession to her power, demanded of the practitioners of our art, that we enter on our task prepared to watch and to obey. Let us then study her peculiarities, and, as far as possible, imitate her example. It will thus be my wish to inculcate a simplicity of practice, in which consists the only true philosophy of the art of healing. We are the sappers and miners in the forces of nature. We attend her path with the view to remove obstructions—to cleanse impurities—and having accomplished this, to leave her unmolested and uncontrolled. If I dwell on this subject, it is because here I would place the gravamen of a charge against those members of our profession, who, wanting a firmness of reliance on the authority of nature, or patience in its application, intrude upon her path with an unseasonable and officious zeal, perverting her energies by the application of means subversive of her most obvious intentions.

To Mr. Abernethy, whom I am proud to have called my friend as well as my instructer, the profession owes a debt of gratitude for enforcing, both by his precept and by his example, the value of this all-important principle. "Subdue *local irritation*," says he, "and regulate the action of the digestive system, and you control all controllable disease." To him it appeared (how is it surprising that it should have done so?) the philosopher's stone of medical practice; and if I express my regret that his application of it should have been so universal, I am bound to declare that within the circle of my experience no man was so successful in the controlling of chronic disease as he.

I say again, study nature, assist and second her intentions, but do not attempt to lead her. The influence of remedies for the most part is but negative.

[To be continued.]

THE WORCESTER CONSULTATION CASE.

To the Editor of the Boston Medical and Surgical Journal.

Mr. Editor,—I notice in your Journal of November 4th, a communication under the caption of "Vexatious Consultations," inviting a discussion of "medical police in relation to consultations," and of the "etiquette in cases of consultations." I agree with the author that it is an important subject, and ought to be better understood. I should be much pleased to see the subject fairly treated in all its bearings, not only the duties and conduct of the *counsellor*, but of the *counselled*, showing how far the latter may be justified, after agreeing to a particular course of treatment in consultation, to modify or wholly to omit such course without trial; or in what cases it is proper for a physician, when requested by "his unsuspecting brother" to visit a patient for him during his temporary absence, to retain such patient after his return and contrary to his wishes; in short, a thorough exposition of all the rights of the parties in interest.

In regard to the particular case stated in the communication, I have no doubt I am the person alluded to; and thinking the most important facts therein related require the addition of an *errata*, shall endeavor to supply that part, to enable the public to draw correct conclusions from the case. I would premise, however, that if the gentleman had expressed any dissatisfaction to me, I believe I could have satisfied him that he had but very slight if any grounds of complaint. But as he has adopted a different course, and brought the subject before the public, I deem it a duty to myself, in the same public manner, to correct the misrepresentations contained in the communication.

In the first place, who was in fact the attending physician? The messenger called at my house, I being absent. He, on his return, saw Dr. Workman, and without any direction from the parents of the boy, called him in. The Doctor arrives, examines the case, but the father, according to the Doctor's own statement, requests that nothing be done until another physician be called, and immediately came again for me himself; but not having returned, and he being informed that I was momentarily expected, left word for me to come as soon as I did return, and went directly to the Hospital for the distinguished medical gentleman mentioned in the communication. I returned a moment after he had left my door, and went directly. On my arrival I found the boy sitting in a chair, and the Doctor supporting the arm. I examined it, and found a very severe contusion on the outer part of the shoulder. That portion of the deltoid muscle which came between the head of the humerus and the substance impinged against (whatever that might be), was completely mashed, and great ecchymosis was produced, attended with exquisite sensibility, and much swelling immediately about the wound. The arm was dressed, and I left the house, not expecting to see the patient again. I was followed to my carriage by the father of the lad, who requested me to take charge of the case, stating "that it was a mistake entirely in Dr. W.'s being called—that he did not intend he should have anything further to do with it, that he did not appear to understand the case." I replied that if that was the case, I would visit him in the

morning, and requested him to inform the Doctor of the arrangement, as I was in too much haste to return again into the house. So much for the call; and now a word on the subject of "ignorance concealed."

The Doctor has made a *slight* variation in his diagnosis in his communication, from the one delivered at the time of the accident. He then gave it as his opinion that it was the neck of the *scapula** that was fractured, instead of the *humerus* as mentioned in the communication; and when the correctness of that opinion was questioned, and a suggestion that the coracoid process might be broken by the head of the humerus being driven violently against it, he mistakes the effort to ascertain that circumstance, for an effort at reducing it.

In the absence of all testimony in relation to the precise position in which the boy fell, we are obliged to infer from the little attending circumstances how that must be.

That the impinging surfaces came perpendicularly together, and not obliquely or with a glancing blow, we infer from the small circumscribed appearance of the wound, and completely broken down state of the deltoid muscle at the point of contact. And that the position of the body was very nearly on the side, with the hips and lower extremities a little more elevated than the head, we infer from the wound on the shoulder being a little behind the posterior or outer margin of the groove for the long tendon of the biceps, and likewise from various scratches on the side of the face and a considerable bruise on the upper part of the ear, all of which little circumstances I presume escaped the Doctor's notice.

The position in which the boy struck the ground being established, it follows that the line of direction of the fall would pass very nearly diagonally between the scapula and clavicle, a little nearer the former than the latter. I submit, therefore, whether there is any natural or physical impossibility in the supposition that the cartilage at the anterior margin of the glenoid cavity might be considerably injured, when the head of the humerus is thus driven violently against it. From the "jerking motion" felt by the Doctor, and likewise feeling the same myself, I have no doubt it was injured. But no crepitus like that produced by a fractured bone, could be detected by myself or either of the two other medical gentlemen present, which, I think, if it had been as distinct as we are led to suppose from the communication, would not have escaped the notice of all of us.† But how "the *outer* fragment of the bone" could be "displaced forward half an inch by the strong contraction of the pectoral muscle," or how "an occasional spasm of the pectoralis major" could "displace the *exterior* fragment *forward*," I must confess a little puzzles me. It is very unfortunate that the deranged perceptions of the gentleman's visual organs should convert the support given to the arm, to save the boy the suffering produced by its hanging down, into a "pertinacious hold" to prevent the other gentleman from examining the arm.

Perhaps the circumstances which occurred in the progress of the cure

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* For the truth of this statement, I have the certificates of both the other medical gentlemen present.

† Perhaps when the Doctor becomes a little more familiar with the sensations produced in the examinations of fractured and injured limbs, he may be able to decide with more accuracy as to the kind of crepitation he may feel, whether it arises from a fracture of a bone, an injury of a cartilage, or the separation of an apophysis.

may throw some light on the nature of the injury. The fourth day the bandages were all removed, and gentle extensive motion given to the arm in every direction, without producing any pain. The color of the surface immediately around the wound was of a greenish yellow. The wound itself was about an inch in diameter, very soft, and, from the color, no doubt contained a quantity of effused blood. The inflammation, which never was but slight, gradually subsided, and in about twelve days the dressings were all removed, and he uses it nearly as well as the other, a slight weakness only complained of. There is now a small pit, where the skin adheres to the top of the humerus, at the large tubercle where the supra-spinatus muscle is inserted, which fixes the precise point of the injury with more precision than the terms "anterior exterior."

A word more, and I have done. It appears, by the Doctor's own showing, that he was not permitted to do anything for the boy without advice, which, to most physicians, would have been a diagnostic symptom that their services were not particularly acceptable, and would induce them to withdraw the first convenient opportunity, without waiting for more explicit information. Under all the circumstances, was the Doctor in such possession of the case as to entitle him to the appellation of "attending physician?" And does not *his* conduct savor a little of the "hvæna?"

BENJ. F. HEYWOOD.

Worcester, Dec. 12, 1835.

CLINICAL LECTURES OF M. LUGOL ON SCROFULOUS DISEASES.

DELIVERED AT THE HOSPITAL OF SAINT LOUIS. LECTURE I. INTRODUCTION.

TRANSLATED BY J. CHICKERING, M.D. BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

BEFORE entering on the subject of this course, it will be important for you, gentlemen, to bear in mind that observation is almost everything in medicine. Being myself impressed with this maxim, I determined to devote fifteen years exclusively to the observation of scrofulous diseases; and it is after having followed up this plan, that I am now able to command the materials for the present course.

There are affections which require the greatest attention, both on account of their frequency and of the various phenomena presented by them. To this class belong scrofulous diseases. The word scrofulous is derived from the Latin word *scrofa*, a sow. This name was adopted by the ancients, on account of the resemblance of the scrofulous tumors to those of swine. This disease has been called *the king's evil*, because patients were in the habit of seeking the royal touch, to which salutary effects were ascribed.

As to the nature of scrofula, it is unlike other affections; in all cases some cause acts on an organ, and soon produces functional disturbances, which transfer it to other parts.

In scrofulous patients, the cause acts but slowly, sometimes on the individual himself, sometimes only on the parents from whom they are descended. Thus, in the community, we find whole families whose

constitution is so much impregnated with the scrofulous affection, that the slightest examination will detect it. A large head with a short neck, enlarged salivary glands, large blue eyes, covered with thick eyelids, a large uneven (écrasé) nose, a large mouth, large chapped lips, prominent (pommettes), bloated face, seeming at first view to be healthy, a delicate and white skin, light hair, &c. these are the first indications of scrofula, before organic and functional change in any part compels the patient to solicit aid.

In the scrofulous, the intellectual faculties are well developed : there is generally considerable muscular weakness ; fatigue is illy borne. The heart and lungs are generally small ; the circulation slow, and respiration feeble. As calorification is not active, the scrofulous always have cold extremities. Digestion is tardily performed, and the secretions are very abundant, especially from the cutaneous and mucous surfaces. In its second stage, scrofula is not limited to debilitating the constitution, but directs its action particularly to some primary system of the economy.

Observation leads us to regard the cellular tissue as the primary seat of morbid change in scrofula. In infancy it is the mesentery which first becomes the seat of secondary organic change. The glands become engorged ; the abdomen becomes hard and tense ; the child is emaciated by reason of the enlarged abdomen, and becomes bed-ridden (succombe victime du carreau). In a more advanced age, the ganglions of the neck denote the presence of scrofula ; numerous tumors, at first moveable under the skin, but soon adherent, point out the well known course of the ganglionic masses, and acquire such a volume as to make the neck a continuous plane with the face. The mucous system, soon after the lymphatic, becomes the seat of maladies from the same cause. The mucous membrane which lines the organs of the senses, is first affected with it. The conjunctiva of the eyelids is swollen, and appears œdematous. At the union of the mucous membrane of the nose with the skin, below the cartilage of the nose, above the swollen lip, we see at the same time a chronic inflammatory swelling ; and by this prominence, a peculiar expression is given to the face.

When scrofulous affections extend to the mucous textures, they soon invade the cutaneous system. On the head, for example, where the hairy scalp is close, and abounding with bloodvessels and nerves, the effects of scrofula are limited to small ulcers, and to numerous hairy follicles, whose albuminous and concrete suppuration forms those different scaly plates known under the name of *scurf*.

The bones are sometimes the first to exhibit traces of scrofula ; then there supervene deviations in the spinal column, and articular swellings which are called *white swellings*. When a scrofulous patient has arrived at the last period of growth, or puberty, it is the viscera which then become affected by this vicious diathesis. The uterus of a girl at puberty becomes affected with fluor albus, which at once destroys her plumpness and bloom. In the lungs, the liver, the spleen, and the intestinal follicles, a morbid production, variable in the form and volume, but constant in the composition, soon manifests itself ; it consists of small and generally round masses, which compress and waste their tissue. They are tubercles ; their presence constitutes those diseases which we call *phthisis;*

diseases the more grave, as they affect the most essential organs of life, and whose termination is most frequently the destruction of the organ and the loss of the patient. Such is the general course of scrofula. At the next meeting we shall speak of the causes of scrofulous affections.

December, 1835.

THE SCIENCE OF HUMAN LIFE.

EXTRACT FROM MR. GRAHAM'S INTRODUCTORY LECTURE.

[Communicated for the Boston Medical and Surgical Journal.]

We see that both the natural and acquired appetites, propensities and habits of man, and all the circumstances of life which act on his natural and moral susceptibilities, concur to divert his attention from the study of the science of human life, and fix it on present self-enjoyment, and on the pursuit of the means of supplying his natural and artificial wants. And hence, he is left to *feel* his way to, or gather from what he calls experience, most or all the conclusions which he embraces, in regard to the laws of life, health, and disease.

This source of knowledge is as utterly fallacious, as it is delusively specious; and the more deeply and extensively mankind are betrayed by it, the more totally blinded do they become to its treachery, and the more zealously and confidently do they contend for its validity.

Suppose a number of individuals were engaged in the study of mineralogy, and the following dialogue were to take place between them and their teacher. Advancing to one of them, with a specimen in his hand, the teacher inquires—"What do you call this?" "It is granite, sir." "Granite! are you confident?" "Quite confident, sir, I am certain I cannot be mistaken." "But why do you think it is granite?" "O, sir, I know it is—I know by my *experience*, sir, perfectly well. I have not lived so long in the world for nothing, I assure you. I have had a great deal of experience, and my experience has taught me, these twenty years, that it is granite, and nothing but granite; therefore I know it is granite." Passing the same specimen to another individual, the teacher repeats the interrogation—"What do you call that?" "Why, sir, that is limestone, to be sure." "Limestone! are you not mistaken?" "O, no, sir, I am perfectly certain it is limestone, sir—I feel that it is limestone, sir. I know it is. I know by my own feelings, sir,—and I am sure I know my own feelings better than anybody else does." "But the person who examined it before you," says the teacher, "asserted with equal confidence that it was granite, and declared that his experience, for twenty years, had proved it to be granite." "O, very well, sir, very well. That may be, too, and both be right." "How so?" "Why, don't you know, sir, that what is granite to one man is limestone to another? Surely, you know, sir, that all constitutions are not alike. There is a great difference in constitutions, sir; and what is granite to one constitution may be limestone, or quartz, or felspar, or hornblende, or gypsum, or something else, to another constitution. That everybody knows, sir. At any rate, I know by my own feelings that this specimen

is limestone to my constitution." "But may you not be mistaken in regard to your feelings?" inquires the teacher. "Mistaken, sir! How should I be mistaken? Who should know my feelings if I don't? I guess you won't convince me that I don't know my own feelings better than anybody else does—and I know I can't be deceived by my own feelings, sir—and my feelings tell me that to my constitution this is limestone."

Now, what would be thought of such a mode of studying mineralogy? or what attainments in the knowledge of the character and properties of minerals, could be expected from such a course? Yet, it is precisely the manner in which everybody reasons in regard to human life and health and disease, and general regimen. Every person knows from his own *feelings* and *experience*, precisely what kind of constitution he has—and what agrees and what disagrees with it; and everybody knows exactly what agrees and what disagrees with his own stomach; and is taught by his own experience what is best for his constitution and his health and strength and comfort. And surely, if a lady has the headache, she knows her own feelings better than anybody else does: and if she drinks a good strong cup of tea and the pain leaves her head, nobody ought to be guilty of so gross an insult to her understanding as to attempt to convince her that tea is a poison, and that her use of it is a principal cause of her headache; for she knows that she always feels better after drinking tea; and, from fifteen to twenty years experience, she knows that there is no better remedy for headache, than a good strong cup of tea: for she has been subject to the headache for nearly twenty years, and the frequency and violence of the turns have gradually increased upon her from the first, till she is now obliged to give up all business, or pleasures, and take to her bed for the whole day; whenever she has a turn, which is certainly as often as once a week, and sometimes more frequent: and she has always found that tea is "the sovereignest remedy in the world" for headache.

Who can reason against such facts as these? or have the temerity to advance a theory which contradicts the universal experience of mankind? We confess that the enterprise is an arduous and a daring one; and is cheered by no encouraging prospect, except the possibility that mankind can be undeceived in regard to the validity of their feelings and their experience, as rules of life.

We do not, however, wish to convince our fellow creatures that they have no *feelings*, nor that they do not know when, and how much they feel: but we wish to convince them that the kind and degree of their feeling by no means teach them what causes it, nor the principles upon which its existence depends. We are willing to concede to the lady, that she knows best how her own headache *feels*, and that she knows it is relieved by a cup of tea. But does she know either the remote or immediate cause of her headache? Does she know the vital properties and powers and functional relations of the organs of her body; and does she accurately understand the healthy and the diseased affections and sympathies of those organs? Does she know the qualities of the tea in relation to the vital properties and functional powers of her system? Does she know the direct and the ultimate effects of the tea on her

system ?—how it produces the pleasurable feelings, and how it removes the pain of her head ? And does she know whether the very effects of the tea, by which the paroxysms of her headache are relieved, are not the principal source of her headache, and the main cause of the frequency and violence of the paroxysms ? If not, what are her feelings and experience worth, to herself or others, as rules of life, by which she or any one can judge of the fitness of her habits to the laws of life and health ? We answer, not a farthing ! Nay, indeed, they are worse than nothing—mere delusions by which we are decoyed from step to step along the specious labyrinths of sensuality and suffering. And such, with rarely an individual exception, is the universal experience of mankind. We acknowledge that they *feel*, and that they know whether their feelings are pleasurable or painful. But do they know physiologically *how* or *why* they feel ; and understand the relation of their feelings to the powers and laws of vitality, and to the condition and functions of the living organs ?

AUTOPSY OF AN OPIUM EATER.

BY M. S. PERRY, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Was called to see Mrs. ——, aged 77, Dec. 8th, and obtained the following history of her case from her friends. Patient was of nervous temperament, but enjoyed very good health till about nineteen years since. At this time had an attack of pleuritis, which left her with a cough. For this she was advised to take tinct. opii. Her cough has continued from that time to this, worse in winter than in summer ; has raised blood occasionally, mixed with mucus ; always expectorates some when she coughs. For last nine years has used the solid opium in large quantities—15, 20, and sometimes 30 grains per day. Has been confined now to chamber seven weeks, and for five weeks has not taken any food ; has only drank a little water occasionally ; has taken 30 grains of opium every night—could not sleep without it, but would scream till she had the quantity ; 15 or 20 grains would not quiet her. She is naturally a small eater. She has had no dejection for five weeks ; has made but little water, and that was thick and dark-colored. She died the same night.

Autopsy, twelve hours after death.

External appearance.—Very much emaciated ; skin of a dark brown color ; cuticle loose, falling off in scales ; muscles rigid ; chest sounds well on percussion ; abdomen flat.

Chest.—Right lung adhering by a strong membrane near apex and posterior part of upper lobe ; apex filled with small grey tubercles, two or three of which were softened. There was also in this part of the lung a small abscess, the size of a common walnut, filled with pus ; did not communicate with the bronchia. No tubercles in middle or lower lobe ; some congestion in latter. Left lung adhering near apex, adhesions firm and strong. There was also a small membranous band running from the inferior part of upper lobe, and adhering near fourth rib. This was of

recent formation. This lung was healthy, with the exception of two or three small tubercles near apex.

The mucous membrane of the bronchia, near the bifurcation, redder and softer than natural, and in one or two of the small bronchiæ on the left side, it appeared for a line or two entirely destroyed. Membrane throughout lined with mucus. *Bronchial glands* not enlarged—of a dark color. *Heart.* Pericardium natural; did not contain any serum. Walls of left ventricle thickened, cavity small. Right ventricle dilated; no disease of valves.

Abdomen.—On opening into this cavity, the stomach was seen extending from the diaphragm to within an inch of the pubis. It measured twenty inches from the cardiac orifice to the pylorus, round the large curvature, and eleven inches round the small. It was contracted in the middle; coats thinner than natural; mucous coat red, quite thin and tough, and firmly attached to the muscular coat; an appearance of ulceration commencing near pylorus.

Intestines.—The small intestines were pushed forward by the stomach into the pelvic cavity. The mucous coat, through whole distance, perhaps redder than natural, and adhering closely to the muscular coat. No appearance of ulceration in any part. Peyer's and Brunner's glands healthy. Large intestines crowded with fæces.

Liver small, of a dark color, not granulated. *Gall-bladder* contained five or six ounces of dark viscid bile; no disease of ducts. *Kidneys* soft, small, but otherwise healthy. Spleen small, quite firm, and of a darker color than natural. Mesenteric glands not enlarged. Head not examined.

Boston, December, 1835.

MASS. MEDICAL SOCIETY.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—When you a few weeks since expressed a strong wish that the "business journal" of the proceedings of the Mass. Medical Society were published, I addressed you a note, reminding you that the thing had been done every year for nine years past. I took it for granted that you would be glad to make the correction. But instead of doing it with the distinctness which the importance your former remarks gave to the subject deserves, you ask "how long after the meeting of the Society the record is ordinarily published." The answer is of course within your own observation, because, as a fellow of the Society, you must have received the publication annually. The whole matter is not perhaps of any great moment; but since you have called it up, it is but an act of justice to inform those of your readers who are not fellows of the Society (those who are, of course know it already, if they read the publication sent to them), that the proceedings of the Society at its annual meeting, and an abstract of the proceedings of the Counsellors, are published every year in an appendix to the pamphlet containing the annual discourse, and when there is no discourse, as happened a few years since, the appendix is published by itself. This publication, as I remarked to you in my last note, contains everything which can possibly possess

any interest to any one, except occasionally some matter of personal concern, which it would obviously be unjust to an individual to make public; such as a rejected nomination, for example. The reports of Committees are always given at length, and all the action upon them in as much detail as the records themselves. In regard to the time of the publication, the vote of the Counsellors requiring it, directs that it be made within a month after the annual meeting. In practice, it has often been found that a little more than that is taken up in getting the discourse (and sometimes there are other articles published with it), through the press. But it is never more than a few weeks after the meeting, before the journal is printed and distributed to every fellow and retired member of the Society within the State. H.

Boston, Dec. 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 23, 1835.

EDITORIAL MISFORTUNES.

Among the many grievances, not always necessarily growing out of the management of a periodical, but which seem by the constitutional laws of free discussion to be inseparably connected with the business, the misconception of readers is decidedly one of the most afflictive. Paragraphs which were never intended to have even a remote personal bearing on any one, by the morbid excitability of some are seized upon with avidity, and magnified, by the active workings of a vivid imagination, into heinous offences, alike disreputable to the writer and subversive of the first principles of social order. Others, full of the very spirit of benevolence, are occasionally shocked with the discovery of what they conceive a cunningly devised inuendo, which, like a torpedo, is eventually to explode with dreadful effect, blowing into atoms a favorite of their own, in the tangible shape of a book, an institution, or the more complicated machinery of an association of men engaged in the pursuit of one common object. In the same sentence that excites the indignation of one, and alarms the fears of another, a third is perfectly delighted with the staunch independence of the editor, who cuts and slashes, to his apprehension, with the fearlessness of a Janissary. He glories in the threatened destruction that awaits monopolists in any department of professional career, who have been more successful than himself—forgetting that his own disposition actually prompts him to adopt precisely the same system of measures which he so vehemently condemns in a rival. Lastly, for it would prove an interminable toil to particularize the character of each class of critics sitting in continual judgment, the cautious meddler, whose profound regard for all mankind is manifested in soft whispers by way of advice, as he loves, more than the soul that animates him, to witness the sweet influences of friendship, warns us to be careful, lest umbrage should be given somewhere, and a subscriber might be lost! Now it is the clearest of all propositions, that in order to meet the exact requirements of these several orders of argus-eyed commissioners of faults, our Journal should be issued without the impress of a single type upon it—and then no one would be

suited. Therefore, we have fully resolved to suit ourselves, at the same time entertaining a strong hope of being serviceable, as far as our humble means will allow, in contributing to the extension, respectability and usefulness of medical science over the domain of our common country.

We beg leave to direct our readers to the communication of H. in the present No. of the Journal, by way of illustration. It is, in essence, a severe examination of a remark we had occasion to make a few weeks since, in relation to the business journal of the Medical Society. Our correspondent is certainly right in declaring that it is printed and distributed. But, unfortunately, he mistook our meaning at the outset. Instead of being exclusively circulated among the fellows, we contend that other people,—aye, the profession every where,—have an interest in it, and, as common property, it should go forth in all the periodicals through which such intelligence is usually promulgated. In the manner also of calling this society together, show us the difference between such calls and those directed to the stockholders of a common insurance company, for example, and we are ready to acknowledge ourselves in error. Are such notices circulated in those publications most likely to be seen by members of the society? And where a meeting has been brought to a close, are the doings ever generously made known through similar channels, for the good and behoof of such as may happen to reside two miles beyond the boundaries of Massachusetts proper, unless a reporter is fortunate enough to gather a few imperfect sketches? No one more highly venerates this institution than ourselves, sustained as it is by the first grade of medical powers; and owing to the predominance of this feeling, we have urged a point, perhaps to make an enemy, when we would have made the society many friends.

COMPARATIVE ANATOMY.

Fine opportunities have been offered of late, for pursuing this important study. Several large and rare animals having died, have been generously given, immediately after, to those most competent to prepare them for the cabinet. A careful eye should be had to the menageries, that nothing be unnecessarily lost, which would be of service in illustrating either animal mechanics or animal functions. A lioness, a moose, and several rare varieties of the monkey, are now being carefully dissected in this city. The Natural History Society's museum, in Tremont Street, which, by the by, should be visited by medical strangers, contains excellent natural skeletons of the rhinoceros, and ostrich, besides many other equally rare animals of the old world. The collection of skulls of animals, which has been gradually enlarging since the organization of the association, has become very considerable. Beautifully prepared bones of the jaws of a monstrous alligator, and the countless number of smaller specimens of the osteology of smaller reptiles, could not fail to interest a very indifferent spectator.

COMPARATIVE MORTALITY OF THE SEXES IN PHILADELPHIA.

The American Journal for November contains some very curious and interesting observations on this subject, based on tabular statements from the public record of deaths. It appears that of the children born in Philadelphia during the ten years included between 1821 and 1830,

amounting, according to the returns made to the Board of Health, to 64,642, there were 2,496 more males than females. But notwithstanding the males at birth thus exceed the females about 7 1-2 per cent., a reference to the census of 1830, shows that by the fifth year of childhood the male excess is reduced to about 5 per cent., and at ten years to only 1 per cent.; and that the reduction still going on, the females between the ages of ten and fifteen exceed the males about 8 per cent., and between fifteen and twenty, 7.3 per cent.

It has been impossible to ascertain the causes which have thus reduced the proportion of the male sex during the early stages of life, until within the last three years, as no distinction of sex existed, until then, in the record of deaths occurring under the 20th year. From the records during these three years it is shown that, with but few exceptions, all the morbid influences to which the early periods of life are exposed, operate with peculiar fatality among the males. The diseases which appear peculiarly obnoxious to the male sex, are the following :—Inflammation of the brain, inflammation of the bowels, bronchitis, croup, inflammation of the lungs, fevers of all kinds (except scarlet), convulsions, general dropsy, dropsy of the head, smallpox. The few cases in which the deaths of females predominate, are in the following diseases :—Consumption, dropsy of the chest, scarlet fever, burns and scalds, hooping cough. Dr. Emerson, who has collected these interesting facts, has shown that the disparity alluded to is not of accidental occurrence, as it occurred successively during the three years in about the same proportion.

Boylston Med. Society.—The Boylston Medical Society held their first meeting this season on Wednesday, Dec. 9.

An interesting lecture was read before the society, we are informed, by Dr. Gould, on a subject, which, we think, deserves a much greater share of attention from medical gentlemen, than it has hitherto received—"The study of botany in connection with medicine ; and the knowledge of the natural history of those substances which constitute medicinal agents." A considerable number of the present medical class have become members of the society. The officers for the present year are—Augustus A. Gould, M.D. President ; H. J. Bowditch, M.D. Vice President ; Luther Clark, A.B. Secretary ; and Nathaniel S. Tucker, A.B. Treasurer.

Re-vaccination in the army of the Wurtemburgian States in 1833.—Professr Heim states in the *Wurtemb. Mediz. Correspondl.*, Nos. 10 and 11, that 1683 individuals were re-vaccinated with the following results :—34 in each 100 with success ; 22 with modified results ; 44 without any result. The patients were from twenty to thirty years of age. Of 577 who were re-vaccinated with perfectly successful results, 293 showed good cicatrices, 116 imperfect, and 168 presented no cicatrices at all. Of 366 re-vaccinated with imperfect results, 193 had good marks, 134 imperfect traces, and 39 no cicatrix at all. Finally, of 740 persons revaccinated without any result, 382 showed good, 222 imperfect, and 136 no cicatrices.

Smallpox.—The smallpox has appeared, since our last, at Plymouth, and Worcester, Mass. We shall soon have the particulars from our correspondents in those places.

Damages for Nothing.—The New York Medical Journal and Review states that Samuel Thomson, the patentee of the botanic system of medical practice, has lately recovered $20,000 damages of an individual in New York, for infringements upon his patent.

Dr. Knox.—This distinguished teacher of anatomy, whose name became quite familiar to the canaille, in the Burking business, a few years ago, is delighting a host of auditors in the city of Dublin. He has scarcely a rival in this important branch of human knowledge.

New Medical College.—The new Medical College at Augusta, Geo. is just finished, and the lectures have commenced. The Augusta Chronicle says—It is two stories high above the basement, and 80 feet long by 77 wide, surmounted by a large dome, and has a massive portico in front, sustained by six Grecian fluted doric columns, and ascended by a flight of eight steps 26 feet wide. The exterior walls are to be rough casted in imitation of stone, and, judging from the small portion just completed, will present a very beautiful and impressive aspect.

New Foreign Journal.—On the first of January, Sherwood & Co. of London, will publish the first number of the British and foreign Medical Review, or Quarterly Journal of Practical Medicine and Surgery, edited by John Forbes and John Conolly, M.D. editors of the Cyclopœdia of Practical Medicine—Price six shillings. In this work, particular attention will be given to the state and advancement of medical science in countries especially distinguished for the zeal, activity and proficiency of their professors,—as, France, Germany, Italy and America. No reports of cases will be admitted into its pages, except in the form of critical essays. The size will be that of the largest quarterlies—eighteen sheets in each number, making two hundred and eight pages.

To Correspondents.—The first of a series of criticisms on Dr. Bell's Prize Essay has been received, and will be put in type next week.

Arrival of Physicians from Europe.—From Havre, at New York, Dr. Wm. Keith, of Philadelphia—Dr. Oliver Holmes, of Cambridge, Mass.—Dr. W. C. Swann, of the city of Washington. It being our intention, as far as practicable, to keep a registry of the arrival and departure of medical gentlemen, correspondents will oblige us by intelligence of this kind.

Died—At Wilmington, Del. Dr. Joseph Thomas, aged 33.—In Rockbridge Co. Va. Dr. William L. Davidson, 25.—At Hartford, Vt. Dr. Thomas Carter, a native of Concord, N. H.—At New Carthage, La. Dr. Asa M. Ditson, 28, formerly of Wilton, Me.—At New York, Dr. David Green, 43.—At St. Thomas, W. I. Dr. Alexander Robertson, of New York.—At Rye, N. H. Dr. Drisco Knox, 87.

Whole number of deaths in Boston for the week ending Dec. 19, 42. Males, 26—Females, 16.
Of measles, 7—drowned, 1—infantile, 6—burn, 1—lung fever, 3—paralysis, 1—croup, 2—ulcerated sore throat, 1—convulsions, 1—sudden, 1—pleurisy, 1—consumption, 2—liver complaint, 1—debility, 2—fits, 1—inflammation of the bowels,—intemperance, 1—typhous fever, 4—childbed, 1—throat distemper, 1—old age, 1. Stillborn, 1.

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